



AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66692-028 (P-TB 4568)	
SERIAL NO: 09/765,693	FILING DATE: 1/19/2001	EXAMINER: M. Baker	GROUP ART UNIT: 1639 CONFIRMATION NO.: 6461	
INVENTION: MULTI-PARTITE LIGANDS AND METHODS OF IDENTIFYING AND USING SAME				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450
MAIL STOP AF

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: MAIL STOP AF, COMMISSIONER FOR PATENTS, P.O. BOX
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REBECCA CLIFFORD

(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Rebecca Clifford
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed
May 19, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been
established under 37 CFR 1.27.
- ☒ Petition for One-Month Extension of Time is enclosed
(in duplicate).
- ☒ Exhibit A.
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	30	-	30	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	6	-	6	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			____ YES		____ XX ____ NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in
this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
this space.


*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

RECEIVED
SEP 26 2003

Inventor: Daniel S. Sem
Serial No.: 09/765,693
Filed: January 19, 2001
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- X Please charge my Deposit Account No. 502624 the amount of \$55.00 which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena
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7th Floor
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858-535-9001